Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/07/2010	Address:	C.R. 700 W. @
Case #:	<u>42-31108</u>		S.R. 250
County:	<u>JENNINGS</u>		
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: ALONG ROADWAY			
Water Reactive Metal (Lithium): ALONG ROADWAY			
Anhydrous Ammonia:			
Mydrochloric Acid Gas Generator(s): <u>ΛLONG ROΛDWAY</u>			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Ti p —
This report is to be faxed to the following agencies that serve the location:			
Fire Department: MONTGOMERY TWNSIIP. Health Department: JENNINGS CO. Child Protection Service: N/A		Fax: <u>812-3</u> Fax: <u>812-3</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A, MEAD Phone 812-522-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.